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§7.5–701. IN EFFECT

// EFFECTIVE UNTIL JULY 31, 2022 PER CHAPTER 211 OF 2018 //

(a) On or before July 1 each year, the Secretary shall examine the prescription and treatment history, including court-ordered treatment or treatment provided through the criminal justice system, of individuals in the State who suffered fatal overdoses involving opiates and other controlled dangerous substances in the immediately preceding 4 calendar years.

(b) In conducting the examination required under subsection (a) of this section, the Secretary shall collaborate with the Department of Public Safety and Correctional Services, the Department of Human Services, the Department of Juvenile Services, the Maryland Institute for Emergency Medical Services Systems, the Department of Housing and Community Development, and any other State and local agency that the Secretary considers necessary.

(c) (1) Beginning July 1, 2019, and each year thereafter, the Secretary shall provide a report on the findings of the examination required under subsection (a) of this section to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly.

(2) The report required under paragraph (1) of this subsection shall:

(i) Include an assessment of the factors associated with fatal and nonfatal opioid overdose risk and an assessment of the programs targeted at opioid use and misuse, including:

1. Utilization of mental health and substance use disorder treatment and recovery support services, including claims data from the Maryland Medical Assistance Program;

2. Utilization of hospital services;

3. Utilization of emergency medical services;

4. Utilization of controlled prescription drugs and
antidotes;

5. Involvement with the State and local criminal justice system, including arrest, incarceration, and community supervision;

6. Involvement with social services agencies;

7. Socioeconomic status, race, age, ethnicity, location of overdose, marital status, and employment status;

8. Education status; and

9. Access to public or private health insurance coverage;

(ii) Identify and assess methods of intervening with populations found to be at risk of overdose or a substance use disorder; and

(iii) Include recommendations for improving and providing statewide prevention, response, and data collection efforts related to substance use disorder.

(3) The assessment required under paragraph (2) of this subsection shall include accessing, and where feasible links to, the following data sets:

(i) Overdose deaths and other fatal drug poisonings;

(ii) Substance use treatment;

(iii) Prescription Drug Monitoring Program;

(iv) Emergency medical services database;

(v) Select birth information for children exposed to opioids during gestation;

(vi) Cancer registry;

(vii) Cause and manner of death and toxicology;

(viii) Hospital case mix, emergency department and inpatient records associated with substance use disorder and nonfatal controlled dangerous substance–related poisonings;

(ix) All payer claims database;

(x) Corrections mental health and substance use disorder data and incarcerations in correctional facilities including county detention centers;

(xi) Needle exchange program;

(xii) Drug seizures;

(xiii) Index of concentration at the extremes;

(xiv) Maryland violent death records system;

(xv) Electronic Surveillance System for the Early Notification of Community-based Epidemics;

(xvi) Vital statistics;

(xvii) State and local fatality review records; and

(xviii) Maryland Medical Assistance Program pharmacy claims.

(4) On or before September 1, 2018, each entity identified under subsection (b) of this section shall provide data to the Department in accordance with this section and enter into a data sharing use agreement with the Department.

(d) Any records and information provided to the Department in accordance with this section that could identify any individual are not public records and are not subject to discovery, subpoena, or other means of legal compulsion in civil or criminal litigation.

(e) The Department shall seek any available federal funding to implement the requirements of this section.

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